## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/28/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  01,02		(X3) DATE SURVEY COMPLETED R	
		155680	B. WIN	IG			22/2013
	OVIDER OR SUPPLIER			249	ET ADDRESS, CITY, STATE, ZIP CODE 94 N LEBANON ST BANON, IN 46052		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	5	{K (	000}			
	Code Recertification conducted on 11/26/ Indiana State Depar accordance with 42 Survey Date: 01/22/ Facility Number: 00 Provider Number: 1 AIM Number: 20030 Surveyor: Bridget Br Specialist  At this PSR Code su Campus was found Requirements for Pa Medicare/Medicaid, Life Safety from Fire National Fire Protect Life Safety Code (LS original building was Existing Health Care This one story facility Type V (111) constructions and spaces of facility has the capact 53 at the time of this All areas where resident conductions and spaces of sail areas where resident conductions and spaces of sail areas where resident conductions and spaces of sail areas where resident conductions are sail to the capact sail areas where resident conductions are sail to the capact sail areas where resident conductions are sail to the capact sail areas where resident conductions are sail to the capact sail to the capact sail areas where resident conductions are sail to the capact sail to the capacity of t	CFR 483.70(a).  2703 55680 19250  own, Life Safety Code  arvey, Homewood Health in compliance with articipation in 42 CFR Subpart 483.70(a), , the 2000 edition of the tion Association (NFPA) 101, 3C) and 410 IAC 16.2. The surveyed with Chapter 19, c Occupancies.  y was determined to be of action and fully sprinklered. c alarm system with hard on in the corridors, resident pen to the corridors. The city of 55 and had a census of survey.  dents have customary access d all areas providing facility					
ABORATORY	DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING <b>01</b> , <b>02</b> B. WING		9 01,02	R	
		155680	B. vviiv			01/2	2/2013
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE 494 N LEBANON ST		
HOMEWO	OD HEALTH CAMPUS			L	EBANON, IN 46052		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	.D BE	(X5) COMPLETION DATE
{K 000}		obert Booher, Life Safety ical Surveyor on 01/25/13.	{K (	•			
	Code Recertification a						
	Survey Date: 01/22/1	13					
	Facility Number: 002 Provider Number: 15 AIM Number: 200309	55680					
	Surveyor: Bridget Bro Specialist	own, Life Safety Code					
	was found in complian Participation in Medic Subpart 483.70(a), Li edition of the Nationa (NFPA) 101, Life Safe IAC 16.2. The addition	Homewood Health Campus nce with Requirements for care/Medicaid, 42 CFR fe Safety from Fire, the 2000 all Fire Protection Association ety Code (LSC), and 410 on to the 300 hall was er 18, New Health Care					
	of Type V (111) constr The facility has a fire wired smoke detectio rooms and in spaces	00 hall was determined to be ruction and fully sprinklered. alarm system with hard in the corridors, in resident open to the corridors. The ity of 55 and had a census of survey.					
	All areas where reside	ents have customary access					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI AND PLAN OF CORRECTION IDENTIFICATION NUMBER	:LIA (X2) MULT :R: A. BUILDIN	IPLE CONSTRUCTION  NG 01,02	(X3) DATE SURVEY COMPLETED		
155680		B. WING		R 01/22/2013	
NAME OF PROVIDER OR SUPPLIER  HOMEWOOD HEALTH CAMPUS		TREET ADDRESS, CITY, STATE, ZIP CO 2494 N LEBANON ST LEBANON, IN 46052	•	2/2013	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUL TAG REGULATORY OR LSC IDENTIFYING INFORMATIO	SUMMARY STATEMENT OF DEFICIENCIES  EACH DEFICIENCY MUST BE PRECEDED BY FULL  EGULATORY OR LSC IDENTIFYING INFORMATION)  ID  PREFIX  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
{K 000} Continued From page 2 were sprinklered and all areas providing facilities services were sprinklered.	(K 000	}			